

10 APR 2006

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/563310

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			0 <sup>x</sup>			
11			/			
12			/			
13			/			
14			/			
15			/			
16			/			
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46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		52	←		←
TOTAL CLAIMS			53			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				0 <sup>x</sup>		
53				0 <sup>x</sup>		
54				0 <sup>x</sup>		
55				/		
56				/		
57				0 <sup>x</sup>		
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						

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